

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027850

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 168

FILED JUL 22 1963

VS 300
Rev. 4/59

10365

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Catawissa</u>	
Length of stay in lb <u>20 dys</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospt</u>		d. STREET ADDRESS (If outside, give location) <u>Route</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nellie Catherine Pursley</u>		4. DATE OF DEATH Month Day Year <u>July 17, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/10/88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>75</u>
11. BIRTHPLACE (City and state or country) <u>Trinidad, Colo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Chas. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Russell</u>	
14. NAME OF HUSBAND OR WIFE <u>George Pursley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Geo. Pursley Catawissa, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Left Vent. failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>malignant Hypertension & stroke</u> DUE TO (c) <u>ARTERIO-SCLEROTIC CVD</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Heart block - chronic stroke was -</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1255</u> to <u>Death</u> and last saw her alive on <u>7-17-63</u> Death occurred at <u>11:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John J. Paul, M.D.</u>		22b. ADDRESS <u>St. Clair, Mo.</u>	
22c. DATE SIGNED <u>7-18-63</u>		22d. LOCATION (City, town, or county) (State) <u>Robertsville, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Casey-Lenox F.H. St. Clair, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/20/63</u>	
26. REGISTRAR'S SIGNATURE <u>Lesla C. Hubman</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. M. Perrot

Licensed Embalmer No.

3601

P. O. Address

St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.